



PROFESSIONAL CERTIFICATION FOR SHORT TERM EVENTS (30 DAYS OR LESS)

AFFIDAVIT AND VERIFICATION FORMS

PERMIT HOLDER AND PROPERTY OWNER AFFIDAVIT:

Event Date - From: ____ / ____ / ____ ***To:*** ____ / ____ / ____ **(30 Days or less)**

I understand that under this program, the Building Official for Miami-Dade County will not review the plans submitted or perform the code inspections. Instead, plan review and inspections will be performed through licensed personnel of my choosing. By executing this form I acknowledge that all facilities installed shall be removed within 7 days of the event conclusion.

PROPERTY OWNER

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that
he/she is the legal owner of the above property.

SWORN TO AND SUBSCRIBED

Before me this ____ day of _____, 20____
by _____

SEAL) _____
PRINT, TYPE OR STAMP NAME OF NOTARY
____ Personally Known
____ or Produced Identification
____ Type of Identification Produced

EVENT HOLDER

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that
he/she is the event holder.

SWORN TO AND SUBSCRIBED

Before me this ____ day of _____, 20____
by _____

SEAL) _____
PRINT, TYPE OR STAMP NAME OF NOTARY
____ Personally Known
____ or Produced Identification
____ Type of Identification Produced

PRIME CONTRACTOR

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that
he/she is the prime contractor.

SWORN TO AND SUBSCRIBED

Before me this ____ day of _____, 20____
by _____

SEAL) _____
PRINT, TYPE OR STAMP NAME OF NOTARY
____ Personally Known
____ or Produced Identification
____ Type of Identification Produced

BUILDING VERIFICATION FORM

INSTRUCTIONS

Two sets of construction documents listed below must be included with the permit application. The construction documents shall include a site plan showing all property lines, together with dimensions of same; all street(s) or avenue(s) on which the property is located; the location, setback, dimensions and description of all existing buildings, light standards, driveways, customer parking area and the size, location and setbacks of all temporary structure(s); occupancy load of all facilities; the location and number of restroom facilities (existing or proposed). Temporary structures include but are not limited to tents, stages, bleachers, platforms, frames or towers for stage lighting or sound systems. Plans detailing the structures must comply with the Florida Building Code and NFPA102.

Once a permit is secured, deviations from these documents during construction shall result in inspection rejection by the registered person. Any required changes must be filed with the Building Department as revisions to the permit prior to inspection approval. Revisions to the permit shall be signed and sealed by the design professional and must be submitted with a signed Affidavit and Verification Form prepared by the same registered person who issued the original Affidavit and Verification Form.

REQUIREMENT

INCLUDED AS PART OF SUBMITTAL

Complete plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County	[] Yes	
Written Approval Florida Department of Health	[] Yes	[] Not Applicable
Approval from the Division of Hotels and Restaurant	[] Yes	[] Not Applicable
Approval from the Miami-Dade County Office of ADA required for events on County owned or leased property	[] Yes	[] Not Applicable

THE FOLLOWING TEMPORARY STRUCTURES AND FACILITIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

<input type="checkbox"/> Membrane Structures (Tents)	<input type="checkbox"/> Tower for Lighting or Sound System	<input type="checkbox"/> Non-Portable Ventilation System
<input type="checkbox"/> Stage	<input type="checkbox"/> Platform	<input type="checkbox"/> Lift
<input type="checkbox"/> Bleachers	<input type="checkbox"/> Enclosed Cooking Facilities	<input type="checkbox"/> Ramp
<input type="checkbox"/> Not Required	<input type="checkbox"/> Trailer/Container	
<input type="checkbox"/> Others Describe: _____		

THE FOLLOWING SPECIALTY CONTRACTORS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

PLUMBING

☐ **CATEGORY 01 - LPGX**

☐ Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

**STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:**

The person whose signature appears above, deposes that he/she is
the prime contractor.

SWORN TO AND SUBSCRIBED

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by _____

SEAL) _____
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PLUMBING

☐ **CATEGORY 05** - Portable Chemical Toilet

☐ Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

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the prime contractor.

SWORN TO AND SUBSCRIBED

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_____ or Produced Identification
_____ Type of Identification Produced

ELECTRICAL

☐ **CATEGORY 16** – Specialty Wiring

☐ Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

**STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:**

The person whose signature appears above, deposes that he/she is
the prime contractor.

SWORN TO AND SUBSCRIBED

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by _____

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_____ or Produced Identification
_____ Type of Identification Produced

ELECTRICAL

☐ **CATEGORY 04** – Fire Alarm

☐ Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

**STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:**

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the prime contractor.

SWORN TO AND SUBSCRIBED

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____ Type of Identification Produced

MECHANICAL

☐ **CATEGORY 38** – Kitchen Hood

☐ Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

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COUNTY OF MIAMI-DADE) SS:**

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is the prime contractor.

SWORN TO AND SUBSCRIBED

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_____ Type of Identification Produced

MECHANICAL

☐ **CATEGORY 41** – Non-Portable Ventilators

☐ Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

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COUNTY OF MIAMI-DADE) SS:**

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is the prime contractor.

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____ Type of Identification Produced

MECHANICAL

CATEGORY 43 – Automatic Fire Suppression

☐ Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that he/she is the prime contractor.

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by _____

SEAL) _____
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AFFIDAVIT

The plans submitted show the architectural design and conform to the technical codes, including the Florida Building Code. The plans conform to the laws as to egress accessibility, type of construction and general arrangement.

I assume full responsibility for the review of plans and inspection of construction for compliance with all provisions of the technical codes, including the Florida Building Code (FBC) acknowledging that the Building Department will rely on the truth and accuracy of this statement.

PRINT NAME

REGISTRATION NUMBER

SIGNATURE AND SEAL